PTO/SB/05 (11-00)

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UTILITY	Attorn	Docket No.		T1-22398.1			\supset				
PATENT APPLICATION	First li	First Inventor			Sylvia H. Pas						
TRANSMITTAL	Title				od for Integrate	oval and	2				
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Expre		rocessing Mail Label		emiconductor Wafer EV334469520US						
				ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231							
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)				7. CD-ROM or CD-R in duplicate, large table or							
Applicant claims small entity status. See 37 CFR 1.27.	•				Nucleotide and/or Amino Acid Sequence Submission 8. (if applicable, all necessary)						
3. X Specification [Total Pa (preferred arrangement set forth below)	ges 23		}	a.		 Readable Form	(CRF)	Ì			
Descriptive title of the Invention Cross Reference to Related Applications	- Descriptive title of the Invention b. Specification Sequence Listing on:										
Statement Regarding Fed sponsored R & D Reference to sequence listing, a table,			i. CD-R	OM or CD-R (2	copies); or						
or a computer program listing appendix - Background of the Invention			ii pape								
 Brief Summary of the Invention Brief Description of the Drawings (if filed) 		c. Statements verifying identity of above copies									
 Detailed Description Claim(s) 				ACCOMPANYING APPLICATION PARTS							
- Abstract of the Disclosure			9.		Assignment Paper	s (cover shee	t & documents(s	s))			
4. X Drawing(s) (35 U.S.C. 113) [Total St	neets 2] 10.		37 CFR 3.73(b) Stat when there is an as		X Power of Attorney				
5. Oath or Declaration [Total Pa	ages 1] 11. [English Translatio	n Document (i	f applicable)	i			
a. Newly Executed (original or copy)	12.		Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)				X Preliminary Amendment							
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR			14.		Return Receipt Pos Should be specifica		03)				
			15.	Certified Copy of Priority Document(s) (if foreign priority is claimed)							
1.63(d)(2) and 1.33(b).	16.	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35									
6. Application Data Sheet. See 37 CFR 1.76				or its equivalent.							
	e hov and	eur		17 Other: the requisite information below and in a preliminary amendment,							
or in an Application Data Sheet under 37 CFR 1.76:	e box, and	Sup	pry are req	uisite i	mormation belov	v ana iir a pro	minuty union				
Continuation Continuation Conti											
Prior application information: Examiner Karla A. Moore Group / Art Unit: 1763 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a											
portion has been inadvertently omitted from the submitted application	parts.					=					
19. CORRESPONDENCE ADDRESS											
Customer Number or Bar Code Label 23494 (Insert Customer No. or Attach bar code label here) or Correspondence address below											
NAME Texas Instruments Incorporated											
ADDRESS											
	STATE TX ZIP CODE LEPHONE (972) 917-4167 FAX (972) 917-4418						8				
		<u>, -</u>	1	Reni	stration No. (Atto			$= \overline{}$			
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Signature	Type	معر	=//~	_	2	Date	1/5/0	ر			

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Approved for use through 09/30/2000. OMB 0651-0032

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FEE TRANSMITTAL			C mplete If Known								
			Application Number Filing Date			TBD					
for FY 2003			Filing Date First Named Inventor			Her with Sylvia H. Pas					
	_	Examiner Name				Karla A. Moore					
Express Mailing Label No.: EV334469520US			Group / Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney	Docke	t No.		TI-22398.1					
METHOD OF PAYMENT				FEE C	CALCULATIO	N (continued)					
The Commissioner is hereby authorized to charge to the following Deposit Account,		ADDIT	IONAL	FEES	-						
Deposit Account Number 20-0668		Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee D	escription	Fee Paid				
Deposit Account Name Texas Instruments Incorporated		130 50	2051 2052	65 25	Surcharge - late : Surcharge - late ; cover sheet.	filing fee provisional filing fee or					
Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment			1053	130	Non-English specification						
credit any overpayment			1812	2,520	For filing a reque						
2. Payment Enclosed:			1804	920*	Requesting publi Examiner action						
Check Money Other Order	1805	1,840*	1805	1,840*	Requesting publi Examiner action	ication of SIR after					
FEE CALCULATION			2251	55	•	ly within first month					
1. BASIC FILING FEE	1252	400	2252	200		within second month					
Large Entity Small Entity	1253 1254	920 1,440	2253 2254	460 720		e within third month e within fourth month					
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1255	1,960	2255	980		within fifth month	——				
1001 750 2001 370 Utility filing fee \$750	1401	320	2401	160	Notice of Appeal		 				
1002 330 2002 165 Design filing fee \$	1402	320	2402	160	Filing a brief in si	upport of an appeal					
1003 510 2003 255 Plant filing fee \$	1403	280	2403	140	Request for oral	hearing					
1004 740 2004 370 Reissue filing fee \$	1451	1,510	1451	1,510		te a pubic use proceedin	9				
1005 160 2005 80 Provisional filing fee \$	1452	110	2452	55	Petition to revive	- unavoidable					
SUBTOTAL (1) (\$)750	1453 1501	1,280 1,280	2453 2501	640 640	Petition to revive						
	1501	460	2502	230	Utility issue fee (Design issue fee	•					
2. EXTRA CLAIM FEES	1503	620	2503	310	Plant issue fee						
Fee from	1460	130	1460	130	Petitions to the C		 				
Extra Claims below Fee Paid	1801	740	2801	370	•	tinued Examination (RCE					
Total Claims 7 $-20^{**}=$ 0 x 18 = 0	1806 8021	180	1806	180		formation Disclosure Stn	nt.				
Independent 1 -3** = 0 x 84 = 0		40	8021	40	properly (time nu	ecording each patent assignment per operly (time number of properties)					
Multiple Dependent 260 =	1809		2809	370	CFR 1.129(a))	on after final rejection (3	7				
**or number previously paid, if greater; For Reissue, see below	1810	740	2801	370	examined (37 CF	nal invention to be FR 1.129(b))					
Large Entity Small Entity											
Fee Fee Fee Fee Description Code (\$) Code (\$)											
1202 18 2202 9 Claims in excess of 20	Othe	her fee (specify)									
1201 84 2201 42 Independent Claims in excess of 3					<u> </u>		<u> </u>				
1203 280 2203 140 Multiple dependent claims in excess of 3											
1204 84 2204 42 **Reissue independent claims over original patent	Other fee (specify)										
1205 18 2205 9 **Reissue claims in excess of 20 and	Othe	ei iee (S	hecity)	' —		<u> </u>					
over original patent SUBTOTAL (2) (\$)0	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)										
SUBMITTED BY	<u> </u>		_		1	Complete (if applicable)					
Typed or Printed Name Rose Atyssa Keagy		!				Reg. Number	35,095				
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Signature // work	R	79-	7/	5/0	3						